

Testimony on behalf of the North Central Regional Mental Health Board

Before the Insurance and Real Estate Committee

In Support of HB 7125: AN ACT CONCERNING PARITY FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS, NONQUANTITATIVE TREATMENT LIMITATIONS, DRUGS PRESCRIBED FOR THE TREATMENT OF SUBSTANCE USE DISORDERS, AND SUBSTANCE ABUSE SERVICES.

March 5, 2019

Marcia DuFore, Suffield CT

Senator Lesser, Representative Scanlon and distinguished members of the Insurance and Real Estate Committee,

My name is Marcia DuFore and I am a registered voter in the town of Suffield, Connecticut. I am testifying as a private citizen, Executive Director on behalf of the North Central Regional Mental Health Board (NCRMHB) and member of the Connecticut Prevention Coalition (CPN) and Keep the Promise Coalition (KTP). I am testifying in support of the proposed H.B. 7125, specifically as it relates to Mental Health and Substance Abuse parity.

Our Board's responsibility, established by Connecticut statute over 40 years ago, is to study the mental health and addiction needs of people in our region and assist the Department of Mental Health and Addiction Services (DMHAS) with setting priorities with local providers, and government officials for new, improved or expanded services.

On a professional level, the Opioid epidemic we are facing is an issue of great concern to me and one that our members identify as a top priority in all our needs assessments. But the opiate epidemic has reached such proportions of late, that is hard for any of us to view the problem from a distance – a problem that does not touch someone we hold dear. So, I am here because this issue affects people I care about – on a personal and professional level.

So, last year we chose to review all the 28-day rehabilitation programs in our area that provide addiction treatment along with psychiatric and psychological services for those who need that level of care. We collect feedback from individuals who are being served in those settings along with feedback from line staff and administrators responsible for their care. Our review teams include individuals and family members who have sought and/or used similar services.

Many of the individuals who require the level of care of these programs have co-occurring mental health and addiction issues that require intensive and specialized treatment. Two of the facilities we visited operate at a loss, because they rely on Medicaid or DMHAS grant funding for the care they provide. It is rare for commercial insurance to authorize treatment for this level of care. Families are forced to drop their family members from their private insurance to access the care needed by their loved ones. We, as taxpayers, bear that cost.

While mental health and substance abuse treatment parity is the law, which means in theory that insurance covers treatment for mental health and substance abuse conditions in a manner equal to the coverage for physical health conditions, the reality is quite different. Yet, there are dramatic and real-life impacts of our failure to provide appropriate treatment. The risk of relapse is significant and potentially deadly. Connecticut's rate of death due to overdose has risen by over 300% since 2012 and over 13% in just the past years. Individuals most at risk are those leaving incarceration or exiting a detoxification program and find themselves without access to the rehabilitative services needed to sustain recovery.

We need to monitor and hold insurance companies accountable for upholding mental health parity standards. We need data on denial and appeal rates, details about in-network behavioral health providers available to provide care, utilization rates, and factors that impede access to care.

Please pass proposed bill H.B 7125 which expands the evaluation responsibilities of the Department of Insurance to address these issues.

Thank you for all you do and for your time and attention to these important matters.